

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044783

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 87

STATE FILE NUMBER

FILED NOV 26 1963

1. PLACE OF DEATH

a. COUNTY

Morgan

b. CITY (If outside corporate limits, give TOWNSHIP only)

Versailles

Length of stay in 1b

years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

400 W. Washington

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Morgan

Inside Limits

Yes ☐ No ☐

c. CITY OR TOWN

Versailles

d. STREET ADDRESS

400 W. Washington

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Paul

Middle

Emerson

Last

Washburn

4. DATE OF DEATH

Month

Day

Year

November 19, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct. 12 1918

9. AGE (last birthday)

45

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Resort operator

10b. KIND OF BUSINESS OR INDUSTRY

Resort & Insurance

11. BIRTHPLACE (City and state or country)

Gravois Mills, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

William Washburn

13b. MOTHER'S MAIDEN NAME

Lottie Webster

14. NAME OF HUSBAND OR WIFE

Martha Mae Washburn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates)

Yes

W-W 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Martha Mae Washburn Versailles, Mo.

18. CAUSE OF DEATH (Enter only one cause)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Mitilation of Skull (frontal) & right side face

INTERVAL BETWEEN ONSET AND DEATH

INSTANT

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Shotgun wound

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

Victim was preparing to go hunting, while

20c. TIME OF INJURY  
Hour Month, Day, Year

10:30

11-19-63

reaching for 20 gauge shotgun, it discharged

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Home

20f. CITY, TOWN, OR LOCATION

Versailles

Morgan

Missouri

STATE

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at approximately 10:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Degree or title)

James R. Scrivner

22b. ADDRESS

Versailles Mo.

22c. DATE SIGNED

11/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov. 21, 1963

23c. NAME OF CEMETERY OR CREMATORY

Versailles cemetery

23d. LOCATION (City, town, or county)

Versailles, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Scrivner-Stevenson

Versailles, Mo.

25. DATE RECD. BY LOCAL REG.

11-23-63

26. REGISTRAR'S SIGNATURE

J. L. Washburn

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 0710

2 0710

3

4 0

5 1

6

7 0

8 2

9 9/90

10 19

11 071

12 90-3

13 2-0

DEC 10 1963

JAN 9 1964

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*John R. Scummi*

Licensed Embalmer No.

*4880*

P. O. Address

*Verona, N.J.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.